

Small School – Big Heart

THRESHOLD ACADEMY ACADEMIC SCHOLARSHIP

Annually, a \$500 Threshold Academy Academic Scholarship for postsecondary training is awarded to a graduating high school senior who attended elementary school at Threshold Academy. If adequate funding and interested applicants are identified, additional scholarships may be awarded.

Please complete the attached scholarship application in its entirety. Awards will be granted based on need, academic status, all-around performance, etc.

Forward your completed application to:

Lori Johnson President c/o EightCAP, Inc. 5827 Orleans Rd Orleans, MI 48865-8603

Applications must be received no later than

Friday, May 3, 2024.



<u>Threshold Academy Academic</u> <u>Scholarship Application</u>



APPLICANT INFORMATION							
Last Name:	First:		M.I.:	Date:			
Street Address:	eet Address:		Apartment/Unit #:				
City:	State:		ZIP:				
Phone:	E-mail Address:						
FAMILY INFORMATION							
Father's Name:	Mother's Name:						
Occupation:	Occupation:						
Other family members and their ages:							
Are any other family members presently attending college? Yes 🗌 No 🗌 If so, where?							
EDUCATION	·		·				
How long did applicant attend Threshold Academy?	w long did applicant attend Threshold Academy? From: To:						
High School:	From:		То:		GPA:		
FUTURE PLANS							
Current Career Plan:							
College or institution you plan to attend: Have you been accepted? Yes No							
Have you been working while attending High School? Yes No I If so, where?							
Do you have employment for this summer? Yes No I If so, where?							
How do you expect to finance your education/training beyond a Threshold Academy Academic Scholarship?							
Please list any financial assistance you have received or have applied for:							

YOUR EXPERIENCES					
List your High School Extra-Curricular Activities:	your Volunteer or Community Service Activities:				
REFERENCES					
REFERENCES	hare);				
Please list three character references (other than family members)					
Full Name:	Relationship:				
Occupation:	Phone: ()				
Address:					
Full Name:	Relationship:				
Occupation:	Phone: ()				
Address:					
Full Name:	Relationship:				
Occupation:	Phone: ()				
Address:					
OTHER INFORMATION					
Please provide a Threshold Academy memory or indicate how	Threshold Academy prepared you for your future.				

Please use this space to provide any other information you believe would assist us in evaluating your application.

PERSONAL STATEMENT

In keeping with the mission of the former Threshold Academy, this scholarship is intended to promote leadership, scholarship, character, and service. The Academy believed in reward for excellence and in providing opportunities to students exemplifying these qualities. How do you believe your accomplishments and goals are in accordance with the criteria for this scholarship? Please limit to 250 words or less in the space provided.

Personal Statement	(cont'd)
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SIGNATURE
I understand that it is my responsibility to read, understand, and complete this application accurately and to comply with all deadlines.
I understand that my scholarship application may be denied or withdrawn if it is incomplete and/or if any information reported

on this application is found to be intentionally misleading, inaccurate, or fraudulent.

My signature confirms that I have read and understand the above stated Certification.

Applicant's	
Signature:	

Date:

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